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PICK-UP WAIT MAIL
(Business Entity Name)
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April 17, 2023

COGENCY GLOBAL

SUBJECT: AHS SERVICES, INC. Ref. Number: W23000055016

We have received your document for AHS SERVICES, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS Regulatory Specialist III

2023 APR 19 AHII: 52

Letter Number: 423A00008512



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	04/19/20	23	
Name:	_	KEN	_
Referenc	se #:	1963526	
Entity Na	ime:	AHS SI	ERVICES, INC.
			n to Transact Business
☐ Ar	mendment		
☐ CI	hange of Agent		
R	einstatement		
☐ C	onversion		
	erger		
	issolution/Witho	drawal	
☐ Fi	ctitious Name		
	ther*	* PLEASE RETIAN C	RIGINAL FILE DATE OF 4/14/2023 **
Authorize	ed Amount:	\$70.00	
Signatur	e:>		

F: +852.2682.9790

COVER LETTER

TO:	Registration So Division of Co					
SURI	SUBJECT: AHS SERVICES, INC.					
3003		Name of co	orporation - mus	st include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existent	tion by Foreign Corpore," or "Certificate of Que corporation to trans	Good Standing"	and check are subm		
Please	return all corres	pondence concerning t	his matter to the	: following:		
		KARIN BOUT	CHER, SENIOR	PARALEGAL		
	- 		Name of Person	1		
		THOM	PSON COBUR	N LLP		
-			Firm/Company	<u></u>		
		55 E. MOI	NROE ST., 37T	H FLOOR		
			Address			
		CH	HCAGO, IL 606	03		
		Ci	ty/State and Zip	code		
		KBOUTCHER(@THOMPSON(OBURN.COM		
		E-mail address: (to	be used for fut	ure annual report no	tification)	
For fu	rther information	concerning this matte	r, please cali:			
KARII	N BOUTCHER, S	SENIOR PARALEC at (312	580-232		
	Name of Perso	on	Area Code	Daytime Telepho	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please		the following amount le to: FLORIDA DEPA \$78.75 Filing Fo Certificate of St	RTMENT OF S $e \& \Box 78 .	TATE 75 Filing Fee & ified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	AHS SERVICE poration; must include "INCORPORATED." \ b." "Inc." "Co," or "Corp.")		"CORPORATIO	N,"	
me., Co., Con	AH STAFFING SER	VICES INC			
(If name unavailabl	e in Florida, enter alternate corporate name ade	opted for the p	urpose of transactii	ng business in Flori	da)
2.	ILLINOIS 3.	3,			
	under the law of which it is incorporated)	(FEI number, if applicable)			
4.	DECEMBER 8, 2021 5				
	incorporation)	(Date of duration, if other than perpetual)			
6	(Date first transacted business in F				
	(SEE SECTIONS 607.1501 & 607.1502		•	ity)	
7	1315 N. NORTH BRANCH ST., STI				
	(Principal office				
	1315 N. NORTH BRANCH ST., STE			2	
	(Current mailing a	iddress, if diffe	erent))23	
8. Name and street a	address of Florida registered agent: (P.O. I	Box <u>NOT</u> ac	ceptable)	023 APR 14	
Name:	Cogency Global Inc.	- -		· 	- 중하고
Office Address:	Address: 115 North Calhoun Street, Suite 4			AH 9: 44	į,
	Tallahassee, Florida	, Florida	32301	Ē	
	(City)		(Zip code)		
designated in this ap further agree to con	t's acceptance: I as registered agent and to accept service oplication, I hereby accept the appointmen oply with the provisions of all statutes rela ith and accept the obligations of my posite	nt as register tive to the pr	ed agent and agr oper and comple	ree to act in this co	apacity. 1
	/s/ Ken Howell, Asst. Se	ecretary			
	(Registered agent's sign	ature)		_	
10. Attached is a cer	rtificate of existence duly authenticated, no	t more than S	90 days prior to d	elivery of this app	olication to

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	HARVEY COLF		GARY COLE		
□ Chairman	Name:	□Chairman	Name: GARY COLE 1315 N. NORTH BRANCH ST		
□Vice Chairman	Address:SUITE G	□Vice Chairman	Address: SUITE G		
Director	CHICAGO, IL 60642	□ Director	CHICAGO, IL 60642		
□President	0110700,12 000 12	■ President			
□Vice President		□Vice President			
□ Secretary	■ Treasurer	□Secretary	□Treasurer		
□Other	Other	□Other	Other		
□Chairman	Name:ANDREW COLE Name:1315 N. NORTH BRANCH ST. Address:	□Chairman	Name:		
□Director	SUITE G	Director	SUITE G		
□President	CHICAGO, IL 60642	□President	CHICAGO, IL 60642		
■Vice President		□Vice President			
■ Secretary	□Treasurer	□Secretary	□Treasurer		
□Other		□Other	O Other		
	LISA COLE ZIRIN Name:	□ Vice Chairman □ Director □ President □ Vice President □ Secretary	Name:Address:		
Other		□Other	□Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817 155, F.S. GARY COLE, PRESIDENT					
	(Typed or printed name and capacity of perso	n signing application)		

File Number

7352-441-5



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

AHS SERVICES, INC.. A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 08, 2021, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of APRIL A.D. 2023.

Authentication #: 2310402318 verifiable until 04/14/2024

Authenticate at: https://www.ilsos.gov

Alexi Dianent

SECRETARY OF STATE